



Attached is an application for the manufacture and sale of bedding, furniture or other upholstered items in the City of Detroit.

To register, you must follow these procedures:

1. Completely fill out and sign application for registration required by the Bedding and Upholstered Furniture Ordinance.
2. Enclose a remittance of \$80 (eighty dollars) for the initial registration fee.
3. Enclose a copy of your current certificate if using a uniform registration number issued by another state.
4. Enclose two of your original current law labels, "must be durable material", indicating your uniform registration number for approval. Only one uniform number is permitted on the law label.
5. Renew your registration prior to January 30, of each year for \$55 (fifty-five dollars) and if late, pay a fee of \$10 (ten dollars) for late registration.
6. Any change in name will necessitate a \$10 (ten dollar) fee.

NOTE: MAKE ALL CHECKS PAYABLE TO: TREASURER, CITY OF DETROIT

Kindly mail all checks and/or correspondence to: City of Detroit, Department of Health and Wellness Promotion, Environmental Health & Safety, 1151 Taylor - Bldg. #4, Detroit, MI 48202.



City of Detroit Department of Health and Wellness Promotion

**ENVIRONMENTAL HEALTH & SAFETY
BEDDING & FURNITURE (Ordinance #24-92)
MANUFACTURER/IMPORTER/DISTRIBUTOR**

Application for Registration as required by Bedding & Furniture Ordinance #24-92

NAME OF FIRM _____

ADDRESS _____

CITY _____ STATE OR PROVINCE _____ ZIP _____

PHONE _____ FAX _____

NAME OF COMPANY REPRESENTATIVE _____
(PLEASE PRINT)

SIGNATURE _____

UNIFORM REGISTRY NUMBER _____

Manufacturer, Importer, etc. must attach two current law labels for approval. If using a registry number issued by another state, must submit copy of certificate issued by that state.

I, or we, hereby make application for registration as:

- ☐ Manufacturer
☐ Importer
☐ Distributor

FEES

Initial / \$80 (Expires December 31)

Renewal / \$55

Late / \$10 (After January 30)

Name Change / \$10

Annual Reports must be submitted on items sold in this area.

LIST PRODUCT(S) _____

(IMPORTERS ONLY) NAME OF MANUFACTURER AND COUNTY _____

Mail all checks and/or correspondences to:

**Department of Health & Wellness Promotion
Environmental Health & Safety
1151 Taylor – Building #4
Detroit, MI 48202**